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L17507
10/27/03

U.S. Patent Application
Attorney Docket: LEAP:101

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: VACCARELLI, Vincent

Examiner: Bell, Paul A.

RECEIVED

U.S. Patent Application Serial No.: 09/821,578

Group Art Unit: 2675

SEP 02 2003

For: MICROSCOPY LABORATORY SYSTEM

Technology Center 2600

Filed: March 29, 2001

Customer No. 24041

Certificate of Mailing

I certify that this Supplemental Amendment and Request for Reconsideration is being deposited on August 27, 2003 with the U.S. Postal Service as first class mail under 37 C.F.R. §1.8 and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

C. Richard Lohrman
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Regis. No. 46,878

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**SUPPLEMENTAL AMENDMENT AND REQUEST FOR RECONSIDERATION
AFTER FINAL REJECTION (37 CFR § 1.116)**

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Honorable Sir:

This Supplemental Amendment and Request for Reconsideration is filed in reply to the final Office Action dated June 3, 2003 after an Examiner Interview conducted August 7, 2003. An initial Amendment and Request for Reconsideration was filed August 1, 2003 in response to the final Office Action dated June 3, 2003.

Please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

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AMENDMENT TRANSMITTAL LETTER (Large Entity)	Docket No. LEAP:101_US_
Applicant(s): Vincent Vaccarelli	

Serial No. 09/821,578	Filing Date 03/29/2001	Examiner Paul A. Bell	Group Art Unit 2675
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Invention: MICROSCOPY LABORATORY SYSTEM	RECEIVED SEP 02 2003
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TO THE COMMISSIONER FOR PATENTS: Technology Center 2600

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	19 -	21 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	

No additional fee is required for amendment.

Please charge Deposit Account No. _____ in the amount of _____

A check in the amount of _____ to cover the filing fee is enclosed.

The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0822

Any additional filing fees required under 37 C.F.R. 1.16.

Any patent application processing fees under 37 CFR 1.17.

Signature

Dated: August 27, 2003

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C. Richard Lohrman Typed or Printed Name of Person Mailing Correspondence

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